

## REPORT OF UNUSUAL INCIDENT

Reporting on: <input type="checkbox"/> Adult <input type="checkbox"/> Child	
Facility Name:	Incident #:
Report to DMHDDAS Date: MM/DD/YY	Report to DMHDDAS Time: am pm
Name of Reporter, if known: <input type="checkbox"/> Individual <input type="checkbox"/> Staff <input type="checkbox"/> Other (Describe)	
Staff Completing Report:	Title:
Incident Date: MM/DD/YY	Discovery Date: MM/DD/YY
Incident Time: am pm	Discovery Time: am pm

TYPE OF INCIDENT			
<input type="checkbox"/>	Aggression – Peer to peer with serious injury	<input type="checkbox"/>	Serious known injury
<input type="checkbox"/>	Restrictive procedure injury	<input type="checkbox"/>	Suicidal Behavior (Attempt)
<input type="checkbox"/>	Injury of unknown origin	<input type="checkbox"/>	Medication Error
<input type="checkbox"/>	Standard safety / infection control precautions	<input type="checkbox"/>	Safety from fire, smoke
<input type="checkbox"/>	Missing Individual / Elopement	<input type="checkbox"/>	Lower level of supervision than required
<input type="checkbox"/>	Safety from environmental factors	<input type="checkbox"/>	Nutrition or hydration
<input type="checkbox"/>	Serious event with potential to cause harm	<input type="checkbox"/>	EMTALA
<input type="checkbox"/>	Mortality	<input type="checkbox"/>	
<input type="checkbox"/>	Suspected / Alleged Neglect	<input type="checkbox"/>	
<input type="checkbox"/>	Suspected / Alleged Abuse <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual/Assault <input type="checkbox"/> Mental/Psychological		
<input type="checkbox"/>	Suspected / Alleged Exploitation <input type="checkbox"/> Funds <input type="checkbox"/> Assets <input type="checkbox"/> Property		
<input type="checkbox"/>	Suspected / Alleged Mistreatment <input type="checkbox"/> Sexual <input type="checkbox"/> Criminal		
<input type="checkbox"/>	Other (Describe)		

Name of Individuals Being Served for Whom Incident is being Reported	SS#	Age	Sex	Unit/Home	Alleged Involvement
					<input type="checkbox"/> Aggressor <input type="checkbox"/> Victim <input type="checkbox"/> Involved <input type="checkbox"/> Witness <input type="checkbox"/> Undetermined
					<input type="checkbox"/> Aggressor <input type="checkbox"/> Victim <input type="checkbox"/> Involved <input type="checkbox"/> Witness <input type="checkbox"/> Undetermined
					<input type="checkbox"/> Aggressor <input type="checkbox"/> Victim <input type="checkbox"/> Involved <input type="checkbox"/> Witness <input type="checkbox"/> Undetermined

Staff, Family, Guardian, Agent, Visitor, Other Involved in Incident	If Staff is Target, Date and Time Removed from Direct Care	If delay in removing Staff Target from direct care, explain
<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O (describe)	Date: MM/DD/YY  Time: am pm	
<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O (describe)	Date: MM/DD/YY  Time: am pm	
<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O (describe)	Date: MM/DD/YY  Time: am pm	

<b>Where did the incident happen? Specify location.</b>			
<b>Describe the incident and how it happened, in sequence of occurrence.</b>			
<b>Describe immediate actions taken</b> (e.g., supervisory presence, separate peers, start investigation, remove alleged target from direct care, medical care, ER, correct error by (describe), call Fire Dept., etc.)			
<b>What was the effect of the incident on the individual(s)?</b> (e.g., complaint of pain, scratches, potential for bruising, stitches, supervision level, fearful demeanor, crying, major anxiety, etc.)			
<b>Add any other information that might be helpful in establishing the cause of abuse, neglect, exploitation, or the incident.</b>			
<b>IF KNOWN, INCLUDE ANY ALLEGATIONS OF PREVIOUS ABUSE, NEGLECT, EXPLOITATION, OR OTHER HARM. IF KNOWN, INCLUDE THE DATE AND TIME OF THE PREVIOUS EVENTS. IF UNKNOWN, RECORD "UNKNOWN."</b>			
<b>DATE</b>	<b>TIME</b>	<b>TYPE</b>	<b>OUTCOME</b>
MM/DD/YY			
MM/DD/YY			
MM/DD/YY			

  

<b>Investigator:</b>	<b>Date Assigned:</b> MM/DD/YY	<b>Time Assigned:</b>
<b>Staff who called DCBS:</b>	<b>Date:</b> MM/DD/YY	<b>Time of Call(s):</b>
<b>DCBS Responder:</b>		
<b>DMHDDAS Fax</b>	<b>Date:</b> MM/DD/YY	<b>Time:</b>
<b>DCBS Fax</b>	<b>Date:</b> MM/DD/YY	<b>Time:</b>
<b>OIG Fax</b>	<b>Date:</b> MM/DD/YY	<b>Time:</b>
<b>P&amp;A Fax (if applicable)</b>	<b>Date:</b> MM/DD/YY	<b>Time:</b>
<b>Parent/Guardian Contact Name:</b>	<b>Date:</b> MM/DD/YY	<b>Time:</b>
<b>Staff who contacted Parent/Guardian:</b>		
<b>CONFIDENTIALITY NOTICE: The information contained herein is subject to all appropriate confidentiality statutes and regulations and must not be shared without proper written authorization.</b>		

## REPORT OF UNUSUAL INCIDENT RECORDING INSTRUCTIONS

REPORT OF UNUSUAL INCIDENT RECORDING INSTRUCTIONS	
1.	<b>Reporting on:</b> Check either Adult or Child, based on the incident that is being reported on.
2.	<b>Facility Name:</b> Record the facility name.
3.	<b>Incident #:</b> Record the facility-specific incident number.
4.	<b>Report to DMHDDAS Date:</b> Record the date the INITIAL report is sent by e-mail to DMHDDAS.
5.	<b>Report to DMHDDAS Time:</b> Record the time the INITIAL report is sent by e-mail to DMHDDAS. Circle am or pm.
6.	<b>Name of Reporter, if known:</b> Record the first and last name of the original person making the report of a reportable incident, if known. If unknown, record "anonymous."
7.	<b>Name of Reporter, if known:</b> Check the box for Individual, Staff or Other as appropriate. If Other is checked, describe the person as best as possible, e.g., father of individual, store owner where Individual XYZ works; person who stated they witnessed a reportable incident in community; etc.
8.	<b>Staff Completing Report:</b> Record the first and last name of the staff who is completing the RUI.
9.	<b>Title:</b> Record the title of the staff who completed the RUI.
10.	<b>Incident Date:</b> Record the date of the reportable incident, if known. If unknown, record "unknown." If late reporting occurs, and date of the reportable incident is provided during the late reporting, record the incident date as reported.
11.	<b>Incident Time:</b> Record the time of the reportable incident, if known. If unknown, record "unknown." If late reporting occurs, and time of the reportable incident is provided during late reporting, record the incident time as reported. Circle am or pm.
12.	<b>Discovery Date:</b> Record the date of discovery of the reportable incident, if date of incident is unknown or when late reporting occurs.
	<b>Discovery Time:</b> Record the time of discovery of the reportable incident, if time of incident is unknown or when late reporting occurs. Circle am or pm.
13.	<b>Type of Incident:</b> According to initial information given by the reporter, check the appropriate box(es) – see Facility Risk Management Protocol and Harm Triggers for explanation of types of reportable incidents.
14.	<b>Name of Individuals Being Served for whom Incident is being Reported:</b> Record the first and last name of all individuals being served who are identified as being involved in the reportable incident. If the reportable incident is Peer to Peer, record the Aggressor's name first, then Victim's name(s).
15.	<b>SS#:</b> Record the social security numbers of all individuals who are identified as being involved in the reportable incident.
16.	<b>Age:</b> Record the age of all individuals who are identified as being involved in the reportable incident. Use the age on the date of the incident, if incident date is known. If not, record the age on the date of discovery.
17.	<b>Sex:</b> Record the gender of all individuals who are identified as being involved in the reportable incident. Use "F" for female and "M" for male.
18.	<b>Unit/Home:</b> Record the unit or home number of all individuals who are identified as being involved in the reportable incident.
19.	<b>Alleged Involvement:</b> Check the appropriate box for each Individual's name listed, of alleged involvement in the reportable incident at the time of initial report: <ul style="list-style-type: none"> <li>a. <b>Aggressor:</b> Individual aggressed against another individual and caused the reportable incident to occur; individual aggressed against staff or other person and caused the reportable incident to occur.</li> <li>b. <b>Victim:</b> Individual was a receiver of the reportable incident from another individual, staff, or other person.</li> <li>c. <b>Involved:</b> Individual was reported to be present <b>and</b> engaged in the reportable incident at the time of initial report, <b>OR</b> reported to be either present or not present <b>and</b> connected to the reportable incident at the time of report.</li> <li>d. <b>Witness:</b> Individual saw the reportable incident happen.</li> <li>e. <b>Undetermined:</b> Reporter gives the Individual's name <b>but</b> cannot clearly state whether the individual was involved in the reportable incident at the time of initial report.</li> </ul>
20.	<b>Staff, Family, Guardian, Agent, Visitor, Other Involved in Incident:</b> Record the first and last names of the staff, family, guardian, agent, visitor, or other persons involved in the reportable incident. If name is not known, describe in as much detail as possible. Check the appropriate box as applicable: <b>S</b> = Staff <b>F</b> = Family <b>G</b> = Guardian <b>A</b> = Agent <b>V</b> = Visitor <b>O</b> = Other person (describe): Describe the person as best as possible, e.g., father of individual, store owner where Individual XYZ works; person who stated they witnessed the incident in community; etc.
21.	<b>If Staff is a Target, Date and Time Removed from Direct Care:</b> If the "S" box for Staff is checked in #20 <b>and</b> the

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	Staff is a target; a. Record the date the target was removed from contact with all Individuals; and b. Record the time the target was removed from contact with all Individuals. Circle am or pm.
22.	<b>If delay in removing Staff Target from direct care, explain:</b> If an alleged staff target is not removed from contact with all individuals immediately, record an explanation for the delay.
23.	<b>Where did the incident happen? Specify location:</b> Record the location, as specific as possible, where the incident occurred, e.g., individual's own bedroom by the right side of the nightstand, kitchen hallway in front of the refrigerator, peer's bathroom in the floor between the sink and shower, dining area by middle kitchen table, laundry room beside dryer, class bathroom near the left side of the sink, specific site on or off grounds, day area by the exit sign etc.
24.	<b>Describe the incident and how it happened, in sequence of occurrence:</b> Record the details of the incident. As recording begins, order the events as they occurred, describing how the incident happened (e.g. what was happening before the incident, what happened during the incident, what happened after the incident.) Include in the description, the names of individuals as well as staff, family, guardian, agent, visitor, or other persons who were involved in the reportable incident. Provide a time line in the sequence along with locations, if known.
25.	<b>Describe immediate actions taken:</b> Record the immediate actions taken in response to the reportable incident which may include actions taken before, during, and after the incident (e.g., supervisory presence, separate peers, start investigation, remove alleged target from direct care, medical care, ER, correct error by (describe), call Fire Dept., etc.) to ensure individual(s) are free from serious and immediate threat to their physical and psychological health and safety. Also record information the facility may have taken to ensure the safety of ALL individuals.
26.	<b>What was the effect of the incident on the individual(s)?:</b> Record information regarding the effect of the incident on the individual(s) (e.g., complaint of pain, external bruising or scratches, supervision level, fearful demeanor, crying, major anxiety, etc.)
27.	<b>Add any other information that might be helpful in establishing the cause of abuse, neglect, exploitation, or the incident:</b> Record relevant information, if available, regarding the reportable incident that may help establish the cause of the abuse, neglect, exploitation, or the incident. If no other information is available, record "No other information available."
28.	<b>If known, include any allegations of previous abuse, neglect, exploitation, or other harm. If known, include the date and time of the previous events. If Unknown, record "Unknown":</b> Record allegations of previous abuse, neglect, exploitation, or other harm, if known. If unknown, record "Unknown" as applicable in columns described in Rows 29-32:
29.	<b>Date:</b> Record the date if known, of any evidence of previous abuse, neglect, exploitation, or other harm incidents.
30.	<b>Time:</b> Record the time, if known, of any evidence of previous abuse, neglect, exploitation, or other harm incidents.
31.	<b>Type:</b> Record the type of incident, if known, of previous abuse, neglect, exploitation, or other harm incidents.
32.	<b>Outcome:</b> Record the outcome of incident, if known, of previous abuse, neglect, exploitation, or other harm incidents, e.g., Substantiated, Unsubstantiated, Inconclusive.
33.	<b>Investigator:</b> Record the first and last name of the Investigator assigned.
34.	<b>Date Assigned:</b> Record the date the Investigator was assigned.
35.	<b>Time Assigned:</b> Record the time the Investigator was assigned.
36.	<b>Staff who called DCBS:</b> Record the first and last name of staff who made the initial phone call to DCBS.
37.	<b>Date:</b> Record the date of the initial phone call to DCBS
38.	<b>Time of calls:</b> DCBS may answer the initial phone call. If so, record the time of contact. Some areas may have to make numerous phone attempts before a contact is made. Record all times of phone attempts. The last time recorded should be the time of contact.
39.	<b>DCBS Responder:</b> Record the first and last name of the DCBS staff or identification number of the DCBS staff with whom contact was made.
40.	<b>DMHDDAS Fax</b>
41.	<b>Date:</b> Record the date the fax was sent.
42.	<b>Time:</b> Record the time the fax was sent.
43.	<b>DCBS Fax</b>
44.	<b>Date:</b> Record the date the fax was sent.
45.	<b>Time:</b> Record the time the fax was sent.
46.	<b>OIG Fax</b>
47.	<b>Date:</b> Record the date the fax was sent.
48.	<b>Time:</b> Record the time the fax was sent.
49.	<b>P&amp;A Fax (if applicable)</b>

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50.	<b>Date:</b> Record the date the fax was sent.
51.	<b>Time:</b> Record the time the fax was sent.
52.	<b>Parent/Guardian Contact Name:</b> Record the first and last name of the Parent/Guardian contacted.
53.	<b>Date:</b> Record the date the contact was made.
54.	<b>Time:</b> Record the time the contact was made.
55.	<b>Staff who contacted Parent/Guardian:</b> Record the first and last name of the staff who contacted the Parent/Guardian.
	<b>Amended Report:</b> If Initial Information provided at the time of the Report of Unusual Incident changes significantly (additional individuals, staff, or others involved; wrong individuals, staff, or others identified in original report; additional information provided during the course of <u>initial beginnings</u> of the investigation that alters the original Report, etc.) the Report of Unusual Incident must be amended and resubmitted to DMHDDAS, DCBS, OIG, and P&A (as applicable.) The Report of Unusual Incident must include "AMENDED REPORT" recorded at the top of the first page along with the same Incident #. A brief description of changes made should be noted on the fax cover sheet.